



\*\*\*\* Consult / Referral Forms are now available on-line at [www.cccahealth.com](http://www.cccahealth.com) \*\*\*\*

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Phone: (903) 614-3850  
Fax: (903) 791-8645

### UROLOGY CENTER

**CONSULT** (Request for advice / opinion) or  **REFERRAL** (Request for management of care)  
(Please only select one request)

#### REQUESTING PROVIDER INFORMATION

Requesting Provider Name Requesting Provider Address (street, city, state, zip)

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Requesting Provider Telephone Requesting Provider Fax Number NPI #

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#### APPOINTMENT REQUEST

#### DIAGNOSIS

First Available  Shivani Gaitonde, MD  Jessie Liang, MD  C. Todd Payne, MD  
 Jason Pickelman, MD  Kaci Drumm, APRN, FNP-BC

#### PATIENT and INSURANCE INFORMATION

Patient Name (First, Middle Initial, Last) Gender

	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Address City, State, Zip

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Date of Birth (mm/dd/yyyy) Social Security #

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Home Telephone Mobile Telephone Work Telephone

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Does patient need an interpreter? If yes, what language?

<input type="checkbox"/> Y <input type="checkbox"/> N	
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Does the patient have medical insurance? Name of Insurance Company and Plan Number (required for Yes)

<input type="checkbox"/> Y <input type="checkbox"/> N	
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#### DOCUMENTATION

Please provide consulting physician with all applicable CLINIC NOTES, HISTORY & PHYSICAL, PREVIOUS PROCEDURES, LABORATORY RESULTS, PATHOLOGY REPORTS, RADIOLOGY REPORTS, AND OPERATIVE REPORTS pertinent to the patients visit. Please fax all documentation to (903) 792-6950.  
Thank you in advance for the request and your cooperation.